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** CONTINUING DATA ***** *None SC*** FOREIGN APPLICATIONS ***** *None SC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/03/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>SC</i>	Initials		

ADDRESS

020457

TITLE

Billing system and method for network

FILING FEE RECEIVED 1344	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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